

# DD ELIGIBILITY CASE ANALYSES

## EXAMPLES OF APPLYING DECISION TREE FOR FEDERAL DEFINITION OF DD

These analyses are from a small Wisconsin Department of Health and Family Services workgroup comprised of experts in disability services who have over 30 years combined experience in determining DD levels of care, consulting on DD levels of care, writing guidelines and handling appeals. The analyses are based on the information provided by screeners to DHFS staff. They are, therefore, limited by possible lack of information, and are not legally binding. They are merely a teaching tool help screeners think through the issue. Some individuals should be referred for further evaluation to determine if they might meet the federal definition of developmental disability.

CASE	DECISION TREE PATH	COMMENTS
<p>WJ is 21 y.o. male referred for vocational services.</p> <p><b>Diagnoses:</b> Cognitive Disability, Asperger's Syndrome (Autism Spectrum)</p> <p><b>FSIQ</b> = 76 in 1997.</p> <p><b>Functioning:</b> Independent in almost all ADL areas. His mother reports cutting foods as she worries he may choke. WJ is unable to prepare even simple meals such as sandwiches. WJ's mom also reports that he needs assistance with medication management for pain relief. WJ has deficits in handling money and doing chores/laundry. WJ needs reminders and help with planning even familiar routines. He doesn't drive, has a money management deficit, and is unable to make safe decisions in even familiar routines. WJ's mother reports weakness in his right arm with a 10lb. lift limit. WJ has no difficulty with communication.</p>	<p>1 No → 2 No → 4 Yes (Autism Spectrum) → 5 Tricky: Two QMRPs should consult on 5 and 6, as it is difficult to distinguish what WJ really needs from what his mother is doing for him.</p> <p>Appears at this time that 5 = Yes and 6 = Yes, so that WJ does meet federal definition of DD.</p>	<p>It is common that young adults have not yet had the chance to learn to handle their own meal prep, laundry, chores, money management, or even learning to ride the bus because their parents have been doing many things for them.</p> <p>Screeners need to ask whether the applicant is in fact able to do those things alone <u>now</u>. If not, they may currently meet the federal definition of DD. If they learn to develop all possible skills; eventually some of them may no longer meet the federal definition of DD.</p> <p>WJ would get a DD LOC and probably a NH LOC as well (med admin, med monitoring, and pain management)—at least for now, assuming he really needs all this help.</p>
<p>KJ is an 18 y/o male referred by DVR.</p> <p><b>Diagnoses:</b> Severe Learning Disability, hypertension.</p> <p><b>FSIQ</b> of 69 (verified by record review of psychological report) at age 7</p> <p><b>Functioning:</b> minimal-moderate functional deficits in the following areas; <b>understanding</b> (moderate difficulty understanding and/or retaining information), <b>money management</b> (needs help with budgeting on a weekly basis, but handles wages), <b>transportation</b>. Is independent in all other areas.</p>	<p>1 No → 2 Yes (IQ &lt;75) → 3 Yes → 5 Yes → 6 Yes → Meets fed definition.</p>	<p>IQ of 69 = in range for mental retardation, so "severe LD" may be a misdiagnosis.</p> <p>(Note that box 2 says diagnosis of MR <b>OR</b> IQ less than 75, and box 3 that the low IQ is a developmental disability.</p>

CASE	DECISION TREE PATH	COMMENTS
<p><b>MP</b> is a 44 y/o male referred for long-term support (case-management services).  <b>Diagnoses:</b> <b>Dysthymic disorder, mixed specific developmental disorder, Alcohol abuse</b> and a <b>Seizure Disorder</b> (onset age nine.) MP reports suffering from Hepatic failure, but no report is found verifying this diagnosis.  FS IQ=83 in 1997  <b>Functioning:</b> Independent in all ADL's and IADL's except for transportation (doesn't drive due to seizures) and employment (works independently in a sheltered workshop.) MP admits to having some memory problems related to his medications. He sometimes requires help with decision-making.</p>	<p>1 No → 2 No→  4 Yes (epilepsy age 9) →  5 = No (the <u>epilepsy</u> does not result in substantial limitation in 3 or more areas) → 5b No → 4 No (no other condition) →  Does not meet federal definition of DD.</p>	<p>Per DSM-III, "mixed specific developmental disorder" should not be diagnosed if IQ is above 70—another misdiagnosis.</p> <p>Should always check to see if health conditions (epilepsy or liver disease) meet statutory definition of physical disability. (No evidence here that they do.)</p>
<p><b>KL</b> is a 40 y/o female seeking assistance with money management and with organizing her apartment.  <b>Diagnoses:</b> Borderline Mental Retardation, Arthritis (knees), Carpal Tunnel, and unspecified hearing impairment.  FS IQ = 78 (from high school). KL was in special education classrooms. She did graduate from high school.  Functioning: KL needs assistance in the following areas; <b>communication</b> (minor difficulty. Slow speech development), <b>understanding</b> (moderate difficulty understanding and or retaining information), <b>decision-making</b> (moderately impaired decision-making), <b>learning/comprehension</b> (learning disability) <b>conduct</b> (no apparent difficulty.) KL works in a community-integrated job averaging about 35 hours a week. She has held this job in which DVR placed her for 16 years. Her case is currently closed at DVR.</p>	<p>1 No (unknown) → 2 Yes (MR) → 3 No (d = false, as IQ =78) → 4 No (no other conditions) → Does not meet federal definition of DD.</p>	<p>I.Q. = 78, so Mental retardation is misdiagnosed.</p> <p>School placement (e.g., special ed) does not mean person meets federal definition of DD. Schools' categories of ED, LD, and CD (emotional disabilities, learning disabilities, and cognitive disabilities) are often based on local conditions (money &amp; staff) and stigma avoidance.</p> <p>Screeners should explore whether arthritis is severe enough to meet statutory definition of physical disability. (No evidence here that it is.)</p> <p>Resource Center should refer her for food stamps and other resources.</p>

CASE	DECISION TREE PATH	COMMENTS
<p><b>ES</b> is a 20 y/o female experiencing financial/legal difficulties due to overspending. Her family is seeking assistance with money management, decision-making, and assistance with transitioning to adulthood.</p> <p><b>Diagnoses:</b> <b>learning disability (possible MR-no IQ available), Seizure Disorder (resolved), Brain injury from shaken baby syndrome at 6 months, Cerebral palsy, left sided neurological weakness</b> which is secondary to <b>left hemiparesis</b> (1999.) Microcephaly, and Mental Retardation, secondary to brain hemorrhage. In 1985, MD doubted that she had a seizure disorder.</p> <p><b>Functioning:</b> While in school ES was integrated into regular classrooms and received learning disability (LD) services and modifications to the curriculum. In 1997, ES was in the school transition program. She was transitioned to the University of Wisconsin-Parkside. ADLs/IADLs: <b>meal preparation/nutrition</b> (needs help from another person weekly or less often), <b>eating</b> (needs indirect supervision while eating and food cut due to hemiparesis), <b>economic self-insufficiency</b> (is not employed, has difficulty maintaining employment, overspends), <b>communication</b> (minor difficulty, slow speech development), <b>understanding</b> (moderate difficulty understanding and or retaining information, requires cueing from others daily), <b>decision-making</b> (moderately impaired decision-making, needs assistance with decisions weekly), and <b>learning/comprehension</b> (learning disability-possible MR). No apparent difficulty with conduct.</p>	<p>MR diagnosis was given in 1982, but only “possible MR” in 1990’s, and no IQ score provided. But the <u>brain injury</u> and <u>cerebral palsy</u> would meet federal definition of DD, thusly:</p> <p>1 No → 2 Yes (using MR diagnosis) → 3 No (3d = ? : Don’t know that MR matches IQ, as IQ not known) → 4 Yes (CP and/or Brain Injury) → 5 Yes → 6 Yes → Meets federal definition of DD.</p>	<p>Screeners should ALSO check Physical Disabilities Target group question. Both the brain injury and the CP in this case appear to meet statutory definition of physical disability.</p> <p>If she did not have the CP and Brain Injury, the IQ would be needed to determine whether she meets federal definition of DD based on Mental Retardation.</p>
<p><b>MD</b> is a 44 y/o male</p> <p>Diagnoses: <b>Cerebral palsy</b></p> <p>FS IQ: NA. He is employed as a teacher by the local school district and has a master’s degree.</p> <p>Functioning: Significant physical disabilities, uses a wheelchair and adaptive equipment, requires extensive assistance with most of his ADL’s and mobility.</p>	<p>1 No → 2 No → 4 Yes (CP) → 5 Yes → 6 No (e is false) → Does not meet federal definition of DD.</p>	<p>CP does meet statutory definition of Physical Disability, so do check PD target group.</p> <p>Note that box 5 requires that on-going support is “to address social, intellectual and behavioral deficits.” This man only needs help with physical tasks.</p>
<p><b>AC</b> is a 19 y/o male.</p> <p>Diagnoses: ADHD (attention deficit hyperactivity disorder), Tourette’s Syndrome and Bells’ Palsy.</p> <p><b>IQ:</b> Not provided in case description.</p> <p><b>Functioning:</b> Independent in all ADLs. Needs help with meal preparation, medication management, laundry and chores on a weekly basis or less often. He can use a telephone independently and drives a car. He is under-employed. Can fully communicate. He is sometimes unable to remember things over several days/weeks. While able to make safe decision in routine situations, he needs some help when faced with new tasks/situations.</p>	<p>1 No → 2 No (No MR or IQ &lt; 75) → 4 No (No other conditions) → Does not meet federal definition of DD.</p>	<p>He can drive a car but can’t do laundry, chores or meal prep? See instructions re lack of opportunity--parenting and/or gender roles.</p>

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<p><b>R.M.</b> is a 27 y/o male referred by Probation and Parole seeking intake for LTC services/residential services. Due to his history of sexual assault of a minor, it is believed that R.M. might present a risk of re-offending if not adequately supervised.</p> <p><b>Diagnoses:</b> mild MR, Post Traumatic Stress Disorder, Conduct Disorder, Borderline Personality Disorder, Psychosis not otherwise specified, History of Alcohol and Drug Abuse. Reports indicate a history of mental illness and self-inflicted violence. He had been treated with Navane, Cogentin and Doxepin, but reports indicate that R.M. did well without medication.</p> <p><b>FSIQ=68</b> in 1978, at age 5.</p> <p>High school graduate, attended Special Education Classes in the Learning Disability Program. Was involved with a psychiatrist while incarcerated after voicing suicidal thoughts.</p> <p>Functioning: Independent in all ADLs. Requires assistance with money management weekly or less. Does not drive due to reasons other than a physical or cognitive impairment (he flunked the driving test). Works independently in the community for a temp agency. He is independent in meal preparation, laundry and chores, using a telephone, and managing medications.</p> <p>R.M. is fully able to communicate fully. Can make safe decisions in familiar/routine situations, but needs some help with decision-making when faced with new tasks or situations. No memory impairments evident. R.M. had engaged in self-injurious behavior (cutting own wrist) while in prison and admits to aggressive behavior requiring intervention on a weekly or less basis. No motor skill deficits.</p>	<p>Two QMRPs should consult on this case, because he has mental health diagnoses.</p> <p>Two possible routes, depending on confidence answering 3e (IQ &amp;/or MR diagnosis do not match his high functioning):</p> <p>1 No → 2 Yes (MR &amp; IQ) → 3 No (3e is false) → 4 No (no other conditions) → Does not meet federal definition of DD.</p> <p>OR</p> <p>1 No → 2 Yes (MR &amp; IQ) → 3 Yes → 5 No (MR alone does not cause substantial limits in 3 or more areas) → 5b No → 4 No (no other conditions) → Does not meet federal definition of DD.</p>	<p>IQ of 68 was done at age 5. IQ of 68 does not seem to match his current level of high functioning.</p> <p>When IQ doesn't match functioning, screener should consider re-testing IQ. In this case, even if his IQ was low (under 75), he'd still flunk the federal definition of DD at boxes 5 and 6.</p> <p>Resource Center should refer him for mental health services. Post-traumatic stress disorder and other diagnoses –not the MR– affect his violent behaviors toward self and others.</p>

CASE	DECISION TREE PATH	COMMENTS
<p>P.B. is a 45 y/o male referred by Probation &amp; Parole seeking funding for group home placement. FS IQ: Not provided.</p> <p><b>Diagnoses: Mild Mental Retardation</b> (per Psychological Report 8/97). He has some "chronic back pain related to a possible slipped disk" or chronic lumbar myofascial pain syndrome. P.B. denies any mental retardation or other developmental disability or mental illness. He denies any substance abuse problems, but file indicates an assessment was completed in 5/95 where P.B., then denied any problems. P.B. did state that he was <b>kicked in the head by a mule as a youth resulting in some memory loss.</b></p> <p>Functioning: Unemployed, working with the DVR. He has an appointment with the SSA for possibly benefit. He presents with minimal deficits in the following areas; <b>economic self-insufficiency</b> (unemployed), <b>communication</b> (minor difficulty with word finding), <b>comprehension</b> (some memory loss, understanding/retaining new/complicated information, decision-making.) He is at risk for homelessness. P.B. completed the eighth or ninth (or eleventh) grade and did work as a construction worker, machinist and crane operator. Worked in several jobs before injuring his back. Was convicted of selling cocaine and incarcerated. Applying for SSI/MA.</p>	<p>1 No → 2 Yes (MR) → 3 No (a,b,c,d,e all appear false) → 4 No (no other conditions) → Does not meet federal definition of DD.</p>	<p>"Mild MR" is a misdiagnosis. It does not match his high functioning, especially as crane operator and machinist.</p> <p>"Brain injury" reports do not a BI diagnosis make. i.e., need confirmed diagnosis.</p> <p>Being unemployed does not = inability to manage money or economic self-sufficiency. Person may be unemployed for other reasons, including socioeconomic and cultural factors.</p> <p>"Chronic lumbar myofascial pain syndrome" is low back muscle pain. Low back pain is extremely common and usually does not meet statutory definition of physical disability.</p>

CASE	DECISION TREE PATH	COMMENTS
<p><b>B.T.</b> is an 32 y/o female referred by Parole Agent seeking case-management and funding for group home placement.</p> <p><b>Diagnoses:</b> Mild Mental Retardation, substance abuse and possible unspecified personality disorder. She denies any mental retardation or mental illness, but states that she's "a little slow" and gets "depressed."</p> <p><b>FSIQ = 67 at age 24.</b></p> <p><b>History:</b> Was in special education. Previously received DD case-management.</p> <p><b>Functioning:</b> Mild deficits in the following areas; <b>IADL's</b> (cooking, shopping), <b>economic self-insufficiency</b> (unemployed, money management and budgeting), <b>capacity for independent living</b> (driving), <b>communication</b> (minor difficulty with word finding), <b>comprehension</b> (some memory loss, understanding/retaining new/complicated information, decision-making), <b>conduct</b> (history of aggression.)</p>	<p>Two QMRPs should consult on this case, because she has mental health diagnoses.</p> <p>Two possible routes, depending on confidence answering 4:</p> <p>1 No → 2 Yes (MR &amp; IQ) → 3 No (3b and 3c are false) → 4 No (No other conditions) → Does not meet federal definition of DD.</p> <p style="text-align: center;"><b>OR</b></p> <p>1 No → 2 Yes (MR &amp; IQ) → 3 Yes → 5 No (MR alone does not cause substantial limits in 3 or more areas) → 5b No → 4 No (No other conditions) → Does not meet federal definition of DD.</p>	<p>IQ of 67 was at age 24; need more information to see if MR meets criteria in steps 3, 5, and 6.</p> <p>Note that driving or vehicular transportation is <u>not</u> included among six areas listed in box 5.</p> <p>Unemployment and homelessness may result from other factors besides cognitive impairment. Being unemployed does not = inability to manage money or economic self-sufficiency. Person may be unemployed for other reasons, including socioeconomic and cultural factors. Remember box 6a asks if "THIS condition" causes substantial limitations.</p>

CASE	DECISION TREE PATH	COMMENTS
<p><b>M.S.</b> is a 23 y/o male whose mother seeks case-management to assist him in transitioning into adulthood, specifically with re-locating to a supervised (24 hour adult) setting (to monitor safety and behavioral outbursts and to assist with ADLs and IADLs.) She seeks guardianship. M.S. is currently at a Behavioral Health unit after a destructive/violent outburst at his mother's home. Mom (P.S.) was the primary informant for a screening.</p> <p><b>Diagnoses:</b> Borderline mental retardation, seizure disorder (temporal lobe), Pervasive Developmental Disorder (Autism), encephalopathy, personality disorder, auditory hallucinations, and history of suicidal ideation.</p> <p><b>FSIQ= 72-76</b></p> <p><b>Functioning:</b> Moderate deficits in the following areas: <b>self-cares</b> (Bathing, dressing-requires someone physically present to cue and/or assist. Eating-requires supervision and help with cutting some foods, cooking, shopping), <b>learning</b> (LD/CD classes, moderate difficulty with understanding/retaining information), <b>self-direction</b> (moderately impaired decision-making ability, is resistive to care.) Is self-abusive on a daily basis--<b>bangs head</b> and episodically destructive/physically aggressive on a daily basis, wanders. <b>Economic self-insufficiency</b> (SSI recipient, unemployed, lacks budgeting/planning skills), <b>capacity for independent living</b> (safety skill deficit, can't drive.)</p> <p>Met with M.S. and re-screened with him as primary informant. Noted discrepancies in skill level between screens. M.S. was found to be pleasant and cooperative, somewhat anxious, communicated clearly. Seemed to minimize his functional deficits and voiced repeated concerns about having to go a group home. Discussed options/needs and agreed to meet with him and his mother to discuss discharge plans. M.S. is currently incarcerated for making bomb threats to local schools.</p>	<p>Two QMRPs should consult on this case, because he has mental health diagnoses.</p> <p>Also, it is difficult to tell whether MR really satisfies all criteria in steps 3, 5 and 6 of tree. Autism more clearly does satisfy all criteria. If he didn't have autism, more clarification on the MR would be needed.</p> <p>1 Unclear, will say "No" for now → 2 Yes (MR) → 3 Tricky: 3d is borderline, but his IQ of 72-76 is <u>mostly</u> &lt; 75) → 5? Not clear that MR limits 3+ areas → 5 b No → 4 Yes (Autism) → 5 Yes → 6 Yes → Meets federal definition of DD.</p>	<p>If he didn't have the ADL/IADL needs &amp; self-abuse, and a higher IQ, he'd just be evidencing behaviors (pedophilia, violence) due to post-traumatic stress disorder, etc. Hard to decide when MR is cause vs. those other causes.</p> <p>Driving (vehicular transportation) is not a factor in box 5.</p> <p>Whether or not the legal system considers person competent enough to stand trial and be imprisoned cannot be used to decide whether person meets federal definition of DD.</p> <p>Encephalopathy can cause cognitive impairments severe enough to meet the statutory definition of physical disability.</p>

CASE	DECISION TREE PATH	COMMENTS
<p><b>K. N.</b> is an 18 y/o male whose parents and parole officer seek case management to assist with relocating to a supervised (24 hour adult) setting (to monitor potential for criminal behavior-pedophilia) and with obtaining employment.</p> <p><b>Diagnoses:</b> moderate-mild <b>mental retardation</b>, <b>pedophilia</b>, and possibly <b>ADHD</b>. Possible <b>mixed receptive-expressive language disorder</b> FS IQ = 58.</p> <p><b>History:</b> Family chaotic. Abuse (physical/sexual) to K.N. Sexual assault of boys.</p> <p><b>Functioning:</b> Deficits in the following: <b>self-care's-moderate</b> (bathing-indirect supervision required, cooking-requires help with most every meal, shopping with groceries), language-moderate (minor difficulty with word finding, speech is slow and K.N. tends to perseverate). Learning-substantial (moderate difficulty with understanding and retaining information), mobility-none (no deficits noted), <b>self-direction-substantial</b> (needs help every day, mild confusion/disorientation), economic self-insufficiency-substantial (unemployed, budgeting, money handling-needs help with every transaction), <b>capacity for independent living-substantial</b> (driving, use of a telephone-limited assistance required with looking up numbers, taking medications-limited assistance required with set up. Impaired decision-making ability.) Parole stipulates 24-hour adult supervision. Seeks a job and "lots of things to do." Guardianship/protective placement indicated in psychological report (lacks ability to make informed decisions to enter into contracts, financial transactions.)</p>	<p>1 No → 2 Yes (MR &amp; IQ) → 3 Yes → 5 Yes → 6 Yes → Meets federal definition of DD.</p>	<p>Driving (vehicular transportation) is not a factor in box 5.</p> <p>Being unemployed does not = inability to manage money or economic self-sufficiency. Person may be unemployed for other reasons, including socioeconomic and cultural factors.</p> <p>MR alone does not cause assaultive behaviors (which in turn require supervision to prevent). But MR does meet criteria in steps 3, 5 and 6 in this case.</p>